FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)										
Thompson, Bennie, G., ,										
(b) Address (number and street) 103 L.C. Turner Circle						Candidate's FEC Identification Number H4MS02068				
(c) City, State, and ZIP Code					3. Is This	Ne	W	A	mended	
Bolton		MS	3904	1-9634	Statemen	nt X (N)	OR	(,	A)	
4. Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate	е				
DEMOCRATIC PARTY	House			MS	02					
DE	ESIGNATION O	F PRINC	CIPAL	CAMPAIGN	COMMIT	ΓEE				
7. I hereby designate the following na	med political committe	ee as my P	rincipal (Campaign Comm		2022 ear of elect	election)	on(s).		
NOTE: This designation should be	filed with the appropria	ate office li	sted in th	ne instructions.						
(a) Name of Committee (in full)										
Friends of Bennie T	hompson									
(b) Address (number and street) PO Box 100										
(c) City, State, and ZIP Code										
Bolton				MS	39041-0°	100				
DF	SIGNATION O	OTHE	R All	THORIZED (COMMITTE	FES				
		_	_	g Representative						
I hereby authorize the following naticandidacy.	med committee, which	is NOT my	/ principa	al campaign com	nmittee, to recei	ive and exp	end funds	on beha	f of my	
NOTE: This designation should be	filed with the principal	campaign	committe	ee.						
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(a) Name of Committee (in full) (b) Address (number and street)					nd belief it is tru	ue, correct a	and comple	ete.		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code					nd belief it is tru	ue, correct a	and comple	ete.		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			best of			ue, correct a	and comple	ete.		
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate Thompson, Bennie, G., ,	amined this Statement	and to the	best of	my knowledge al	Date 02/22/2021					
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate	amined this Statement	and to the	best of	my knowledge al	Date 02/22/2021				·	
(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate Thompson, Bennie, G., ,	amined this Statement	and to the	best of	my knowledge al	Date 02/22/2021				'g.	

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F2N Transaction ID :

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